

Appendix 1

Checklist of barriers for HCV testing

	National regulatory framework		Society level/ discrimination	Organisation of testing and treatment on national level		Epidemiological situation
System level	No national policy for HCV treatment for infectious diseases	No national policy in place for unrestricted access to HCV treatment	Stigma and discrimination against PWID	Testing for HCV is not provided by OST services	Testing for HCV is not provided by other drug services	Lack of evaluation and monitoring of indicators of national HCV plan
	No national screening strategy in place for HCV testing of PWID	No public funding available for HCV screening	Stigma and discrimination against people with HCV	Medical doctor required for HCV testing	No screening plan/ government guidelines for HCV testing of PWID	Lack of HCV prevalence data for PWID
	National drug laws identified as a barrier	No public funding available for HCV treatment	Restriction to access to any services due to HCV status	HCV treatment provision only by approved centres	No programmes implemented for HCV testing of PWID	Lack of HCV incidence data for PWID
			Breach of confidentiality – (link to other systems, e.g. police registries)			Lack of data on HCV testing of PWID

	Internal barriers	External barriers	
Provider level	Low level of knowledge of HCV among staff in harm reduction agencies	Insufficient staff available to offer HCV testing services	High fluctuation of staff in drug services
	Low level of knowledge of HCV among staff in drug treatment, including OST services	Insufficient availability of information materials	Service not set up to support minority populations (e.g. lack of translated materials, no interpretation)
	HCV testing is not perceived as the area of responsibility of the staff in drug services	Lack of time to offer HCV testing	Lack of referral pathways to HCV care and treatment
	Scared of stigmatising client when asking about HCV	Lack of available funding to offer HCV testing services	Lack of available equipment to perform testing services
	Assumption by staff: HCV testing is too complicated	Point-of-care (POC) HCV testing not available in drug treatment services	No existing collaboration with laboratories for confirmatory HCV testing
	HCV treatment not offered if current drug use		

	Knowledge	Stigma	Access	Consequences of a positive test result
Client level	Insufficient knowledge of HCV	Fear of stigma if tested HCV positive	It takes too long time to get tested	No hepatitis C treatment available if tested positive
	Insufficient knowledge of hepatitis C treatment options	Negative experiences with health care or drug service	The service is too far away (location)	Fear of losing children (to child services)
	Myths about HCV e.g. "I have no symptoms so I have no problem"	Staff/stigmatised when tested for HCV	The hours where you can get tested do not fit the schedule of the client	Fear of negative impact on the asylum procedure (for migrants)
	Fear that drawing blood will damage veins	Stigma/shame of using drugs	Language barrier	Fear of HCV testing/knowing results
	Perception of HCV	Competing problems	Lack of/poor available transportation to the service	Fear of HCV treatment side effects
	Perceive risk of HCV as low and not as serious as HIV	Other health problems (e.g. mental health problems)	HCV services restricted to those in addiction care (OST)	
	Cultural attitudes towards infection/no need to avoid infection	Lack of housing	Two step testing (HCV serology and HCV RNA)	
		Lack of sufficient food		
		Lack of financial resources		

Checklist (statements and questions): Overcoming barriers to HCV testing among PWID at **SYSTEM LEVEL**

National regulatory framework	1. Does my government have a national screening strategy in place for HCV testing of PWID?	2. Does my government have a national policy in place for unrestricted access to HCV treatment?	3. Does this policy include treatment of HCV for active PWID?		
	4. Is public funding available for HCV screening of PWID?	5. Is public funding available for HCV treatment of PWID?	6. Is the national drug policy having an impact on PWID's access to HCV testing and care?		
Society level/ discrimination	1. In my country, stigma and discrimination against PWID are not a problem		2. In my country, stigma and discrimination against people living with HCV are not a problem		3. In my country, people diagnosed with HCV are restricted from accessing some types of services or functions e.g. workplaces or public institutions
	1. In my country and setting, is HCV testing permitted without a medical doctor?		2. In my country, is testing for HCV provided by opioid substitution treatment (OST) services?	3. In my country, is testing for HCV provided by most drug services?	4. In my country, is HCV treatment provision decentralised?
Organisation of testing and treatment on national level	6. Are there data on the prevalence of HCV for PWID?	7. Is there political support from my government to increase HCV testing and treatment?	8. Is there financial support from my government to increase HCV testing and treatment?	9. Are there programmes implemented for HCV testing of PWID?	10. National HCV plan is followed up regularly in my country
	1. Is HCV national action plan being monitored and evaluated?	2. Is data on HCV prevalence among PWID available?	3. Is data on HCV incidence among PWID available?	4. Is data on HCV testing among PWID available?	
Epidemiological situation					

Checklist (statements and questions): Overcoming barriers to HCV testing among PWID at **PROVIDER LEVEL**

Internal barriers	1. Is the level of knowledge of HCV among the staff working in drug treatment services known?	2. Is the level of knowledge of HCV among the staff working in OST services known?	3. Is knowledge of HCV among staff sufficient to address HCV with clients?	4. Is HCV testing perceived as the responsibility of the staff in drug treatment services?
	5. HCV-related stigma is not an issue among staff in drug treatment services	6. HCV testing is considered easy and straight forward among the staff in drug treatment services		7. The staff in drug treatment services have other priorities which get in the way of offering HCV testing.
External barriers	1. Is there sufficient staff to offer HCV testing in drug treatment services?	2. Is the staff in drug treatment services sufficiently trained to offer and provide HCV testing?	3. Is there sufficient funding to perform HCV testing services?	4. Is equipment available to perform HCV testing in drug treatment services?
	5. Does a collaboration with laboratories exist for confirmatory HCV testing?	6. Is POC testing available in drug treatment services?	7. Are drug treatment services sufficiently provided with information materials?	8. Is there stability in the staff so that those trained in HCV testing services are there for a longer period of time?
	9. Is there sufficient time for staff in drug treatment services to offer testing?	10. Are there sufficient supporting materials available for conducting counselling also in different languages?	11. Do pathways exist for referral to HCV care?	12. Is the staff in drug treatment services aware of the HCV care pathways and how to link people to care?

Checklist (statements and questions): Overcoming barriers to HCV testing among PWID at **CLIENT LEVEL**

Knowledge	1. Are clients in drug treatment services well informed about the hepatitis C virus?	2. Cultural beliefs among clients prevent or delay HCV testing	3. Myths such as “my HCV is encapsulated” exist among clients	4. Are clients in drug treatment services well informed about hepatitis C treatment?
	5. Is the idea that drawing blood ‘harms their veins’ common among PWID?	6. Do clients know that the risk of HCV infection is higher than HIV among clients in drug treatment services?		7. Is HCV infection perceived as serious as HIV among clients in drug treatment services?
Stigma	1. Fear of stigma if tested positive is an issue among clients in drug treatment services	2. Negative experiences with health care or drug treatment service personnel prevent clients in drug treatment services seeking health care?	3. Stigma and shame related to using drugs is an issue in my country.	
Access	1. It takes too long to get tested	2. Testing services are not easy to reach	3. Opening hours of testing services do not fit clients’ needs.	4. Language barriers exist.
	5. Transportation options to reach the service are insufficient.	6. Hepatitis C treatment is restricted to those in addiction therapy (current PWID cannot access)		7. Two-step testing prevents clients from getting tested
Competing problems	1. Other health problems prevent PWID from getting the HCV test	2. Lack of housing prevents PWID from getting the HCV test	3. Lack of sufficient food prevents PWID from getting the HCV test	4. Lack of personal financial resources prevents PWID from getting the HCV test
Consequences of positive test result	1. Is treatment available for those with hepatitis C?	2. Are clients assured that they will not lose their child if they are tested positive?	3. Are clients assured that they will not be deported if they are tested positive?	
	4. Do clients fear getting tested and knowing their result?		5. Do clients fear treatment side effects?	